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DAMIAN RASCH, D.O.

ENCINITAS · LA JOLLA, CALIFORNIA



# When You Feel Your Heartbeat

*Most palpitations are harmless. What causes them, how the cause is found and when to move faster.*

**Up to 1 in 5**
people in a general clinic mention palpitations

**Nearly half**
of ECGs find a diagnosis if recorded during symptoms, versus a few to a quarter at rest

**70–85%**
of the time, a patch monitor worn for about two weeks catches the rhythm

THE USUAL CAUSES

## Three common, harmless explanations

1. **Extra beats**
An early beat from the upper chambers (PAC) or lower chambers (PVC) feels like a skip, a pause, then a firmer thump. Almost everyone has them.

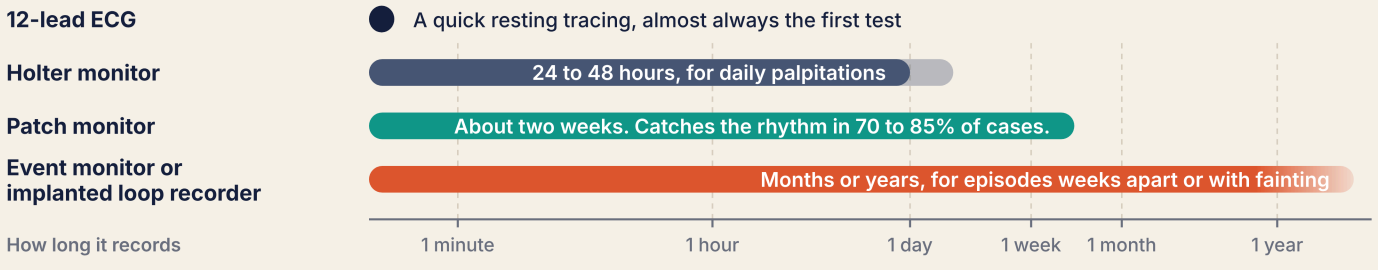
2. **A normal heart running fast**
Caffeine, stress, fever, anemia, an overactive thyroid, some medications, alcohol and stimulants can speed up a normal rhythm. The fix is finding the trigger.

3. **Anxiety and panic**
Stress can make you aware of a heartbeat that was always there. Choking, tingling hands or a wave of dread often point that way, after the heart checks out.

A smaller share come from a true rhythm problem. SVT is a sudden racing that switches on and off. Atrial fibrillation feels irregular and is linked to stroke risk. Both are very treatable. Rarer patterns tied to fainting, exercise or a family history of sudden death are what the workup is built to catch.

CATCHING THE RHYTHM IN THE ACT

## Matching the monitor to your symptoms




A smartwatch that records a single-lead ECG can capture an episode before it passes. It's a screening aid that sometimes flags rhythms that turn out to be nothing, so bring any tracing to your visit to be confirmed.

**Worth a look**

Palpitations are worth describing to a doctor. They aren't worth panicking over. A short, sensible evaluation sorts the harmless from the few that need treatment, and most people walk out reassured.



RED FLAGS, TESTS AND WHAT YOU CAN DO ARE ON THE BACK

YOUR PALPITATIONS GUIDE

# When to move faster, and how the cause is found

## CALL 911 OR GO TO THE ER

palpitations with any of these

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| **Fainting** | Fainting with the palpitations, even briefly. |
| **Chest pain or low blood pressure** | Chest pain, low blood pressure, or a feeling that you might collapse. |
| **Heart failure signs or confusion** | Severe breathlessness, trouble breathing lying flat or new leg swelling, or confusion. |

## GET EVALUATED THE SAME DAY

otherwise a routine visit is fine

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| **Near-fainting or breathlessness** | Feeling about to pass out, or short of breath, with the palpitations. |
| **Brought on by exercise** | Palpitations that start during exercise, especially in a younger person. |
| **Known heart disease** | A weakened heart muscle, a prior heart attack or a valve problem. |
| **Family history** | Sudden cardiac death or an inherited heart condition in the family. |
| **Racing that won't settle** | A very fast heartbeat that won't settle, or one over about 120 at rest. |

## HOW THE CAUSE IS FOUND

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|---|---|
| **12-lead ECG** | A quick, painless tracing. It screens for rare but serious problems, such as Wolff-Parkinson-White, a long or short QT, Brugada, a prior heart attack or a thickened heart muscle. |
| **Blood tests** | A blood count for anemia, a metabolic panel, thyroid function and magnesium, plus a pregnancy test in women who could be pregnant. |
| **Echocardiogram** | An ultrasound of the heart, added when the exam or ECG is abnormal, with fainting, or with a family history of thickened heart muscle or sudden death. With a normal exam and ECG, it often isn't needed. |
| **Stress test** | When palpitations come with exercise, or blood flow to the heart is in question. |

## WHAT YOU CAN DO NOW

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|---|---|
| **Trim the triggers** | Cut back on caffeine and alcohol for a couple of weeks, protect your sleep, stay well hydrated and don't skip meals. |
| **Check for stimulants** | Some pre-workout supplements and over-the-counter decongestants are common, overlooked culprits. |
| **Learn a vagal maneuver** | If yours are the sudden-racing type, bearing down or blowing hard against a closed airway for fifteen seconds can stop an SVT episode. |

## KEEP A SYMPTOM LOG

Jot down when an episode hits, what you were doing, what it felt like, how long it lasted and whether anything stopped it. If your watch has an ECG feature, capture a tracing during an episode. This record often points straight at the cause.

## READ THE FULL ARTICLE

damianrasch.com/palpitations

For education only, and not a substitute for advice from your own physician. Sources include American Family Physician reviews (2017 and 2024), the 2017 ISHNE-HRS consensus on ambulatory ECG monitoring, a 2024 JAMA review of SVT and the ACC/AHA/HRS guidelines on SVT (2015) and ventricular arrhythmias (2017).

DR. DAMIAN RASCH, D.O. · BOARD-CERTIFIED INVASIVE CARDIOLOGIST · ENCINITAS AND LA JOLLA, CA

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